

Healthy Families Program
Continued Enrollment Form



Fill out and mail this form if you disagree with the disenrollment decision.

This form must be returned before _____

Applicant's Information

Family Member Number: _____

Name	First:	Last:	
Phone Number	Home: () -	Work : () -	Message: () -
Mailing Address	Street:		Apt. No.
	City:	State:	Zip Code:

Enrolled Person's Information

First Name	Last Name	CIN	Disenrollment Reason

Reason(s) for Review (You must respond to numbers 1 through 4; number 5 is optional. Please attach a separate piece of paper if you need more space to write.)

1) Please tell us the decision you would like us to review. (Or, you may include a copy of the letter you received from the Healthy Families Program that indicates the decision you want reviewed.)

2) Please tell us why you disagree with our decision. (You may check one or more boxes below, or explain in writing.)

- ☐ Disagree with income calculations ☐ Did submit birth certificate(s) ☐ Person is not on no-cost Medi-Cal
☐ Disagree that a payment was not made ☐ Did submit immigration document(s)
☐ Other (explain in writing): _____

3A) Do you think our decision violated a law, rule, regulation, or program policy that is printed in the Healthy Families Program application, handbook, or other program materials? ☐ yes ☐ no

3B) If you checked "yes," which one?

4) Please tell us what action you would like us to take.

5) Please tell us if there is any other information you think would help us in reviewing our decision. (You may attach supporting documentation.)

I am requesting Continued Enrollment coverage. I understand that I am responsible for continuing to make my monthly premium payments during the appeal process. I also understand that if I do not make my monthly premium payments, the enrolled members of my family may be disenrolled.

Applicant's Signature: X _____ **Date:** _____

Please mail this form to:

Healthy Families Program
Attn: Review Unit
P.O. Box 138005
Sacramento, CA 95813-8005
1-866-848-4974, ATTN: Review Unit

Or, fax to: